

Housing 21

Housing 21 – Knaves Court

Inspection report

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Date of inspection visit:
26 April 2019

Date of publication:
18 June 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: House & Care 21 – Knaves Court is an extra care service, where people live in their own flats in a purpose-built building. It was providing personal care to 25 people aged 55 and over at the time of the inspection. People had a range of support needs such as those living with dementia or a learning disability, those who needed support due to their mental health and people with a sensory or physical impairment.

People's experience of using this service:

People were supported by a dedicated staff team who were keen to develop their knowledge and experience and were supported by a committed registered manager and management team.

People received support that was exceptionally personalised and responsive to their needs. Staff knew people well. People were holistically supported and felt positive about the impact the support they received had on their life. Strong caring values were embedded in the service. People knew how to and felt able to complain and this feedback was acted upon. No one was currently receiving end of life care. However, staff had delivered a positive palliative care approach in the past.

Staff were consistently supported to be effective in their role and develop their knowledge and confidence. There was continuous learning by staff and following incidents. People and staff were engaged in the service, asked for feedback and ideas which were acted upon. The service was closely monitored and areas for improvement identified. The provider worked in partnership and made links with the local community to the benefit of people using the service.

People had their risks assessed and planned for to help keep them safe. Staff understood their safeguarding responsibilities and knew how to keep people safe. People were supported to have their medicines as prescribed and were protected from the risk of cross infection. Lessons were learned when things had gone wrong.

People had their needs assessed and care plans detailing these were put in place. People had access to other health professional to help keep them well. Staff received training to be effective in their role. People were supported to maintain a diet of their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People were supported by a kind and caring staff team who helped them to remain independent and were treated with dignity and respect. People were involved in decisions about their care and were involved in improving the service.

Rating at last inspection: At our last inspection in August 2016 (report published October 2016) the service was rated as good overall.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Housing 21 – Knaves Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Housing & Care 21 – Knaves Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The extra care service had 60 flats in total in one building, over three floors. However, not everyone living there had personal care from the service.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the service one days' notice. This is so the registered manager could let people know we would be visiting and arrange for us to speak with people. The inspection site visit activity started and ended on 26 April 2019.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. We used

information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service, two relatives, four care staff, the care manager and the registered manager. We viewed three care files for people, some of which included daily notes and medicines records. We looked at documents relating to the management of the service such as audits, meeting records and surveys. We also checked two staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At the last inspection, there were concerns about how people were supported to take their PRN medicine, also known as 'as and when required' medicine. At this inspection we found these concerns had been addressed and people were supported to have their prescribed medicines appropriately.
- People and relatives confirmed they received their medicines. One person said, "The staff see if I have any soreness, they always check. They checked it this morning. If I've got anything they but the creams on."
- Records were in place and signed by staff to indicate medicines were being administered as prescribed.
- There was guidance available for staff and they were trained to help them to know how to give medicines safely. Staff also had their competency checked to ensure they were capable at administering medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, one person said when we asked them if they felt safe, "Yes, because I can trust them [staff]. They are so helpful."
- All staff understood their responsibilities to report safeguarding concerns, could identify different types of abuse and how to recognise it to help keep people safe. One staff member said, "I would report concerns to my line manager or the main manager. I could whistleblow. I could go above the manager if I needed to."
- Appropriate safeguarding referrals were made to the local safeguarding authority, as required, to help keep people safe.

Assessing risk, safety monitoring and management

- People had risks to their health and well being assessed and planned for, to try and help keep them safe. People confirmed the staff knew how to support them. One person said, "Staff know I use a frame" and they went on to say, "Staff know about [my health condition]." Another person said, "Yes I feel safe in the hoist. They're [staff] always careful and they hold my head back and are watching, they're very careful."
- Staff knew people's needs and this matched the care plans and risk assessments in place, which would help people to get consistent support to remain safe.

Staffing and recruitment

- There were enough staff to support people and they did not have to wait long for support. People and relative's confirmed staff were generally on time for their calls and staff felt their rota was achievable.
- One staff member said, "We can get to calls on time unless there's an emergency."
- Staff were safely recruited. Appropriate checks were made on staff suitability to support the people who used the service prior to starting work.

Preventing and controlling infection

- People were protected from the risk of cross infection as staff used personal protective equipment (PPE), such as gloves and aprons when necessary. The registered manager said, "Staff have a folder to carry around. They carry gloves and aprons with them." We observed staff with these folders, which contained PPE.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. For example, there had been a medicines error. Appropriate action was taken to keep the person safe and an investigation took place.
- The provider had also acted on feedback from the previous inspection to ensure improvements had been made to medicines documentation and guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and reviewed to ensure the service would be able to meet people's needs. The local authority would refer people and provide a care plan to the service to ensure preparations could be made to support people.
- More detailed and personalised plans were then developed by the service to ensure people were consistently and effectively supported.

Staff support: induction, training, skills and experience

- Staff received training to be effective in their role. One relative said, "Staff have definitely got the training. It doesn't matter who comes in, they all know what to do."
- Staff confirmed they received training which was updated and felt the training was beneficial. One staff member said, "Training is brilliant – it's a mixture [of online and face to face courses]."
- Staff told us they were able to take additional training courses, as well as the standard training. One staff member said, "There are extra courses you can do. My speciality is [course name]." Another staff member said, "They ask if I want more training. If I wanted to go further, I know they would support me."
- Records confirmed staff received training and this was monitored on an online system to ensure staff remained up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person had a specific diet to follow; staff were aware of this and encouraged them to follow this. If there were any concerns about this, staff reported this so action could be taken to help keep the person safe.
- Staff encouraged people to have food and drinks of their choice and tried to encourage people by offering food or prompting them by providing them with food.
- Some people were often independent or had family support with preparing their own food or drink, or they often accessed the on-site café at meal times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other health professional to help keep them well. One relative said, "There was a mark on my relative and staff sorted it. They phoned the district nurses."
- Conversations with staff confirmed they knew when to refer concerns to other professionals and knew who was responsible for different aspects of people's care.
- A social worker visited on the day of our inspection and felt positively about the support provided to the

person they were visiting.

- The registered manager confirmed that if someone's needs changed, they would seek input from social services to review the person's support needs and we saw there were plans from social services available.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found that people were supported to consent to their care and treatment. People had their capacity assessed in relation to specific decisions where necessary and decisions made in people's best interest were documented and made collaboratively with family and other social care professionals.
- The legal right to be able to make decisions on behalf of people, if they no longer had capacity, was checked by the service and evidence of these checks were kept.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt well treated. One person said, "Staff are kind, friendly and very helpful." Other comments included, "Staff are lovely, they're a brilliant. They've always got a smile and are pleasant."
- Relatives also felt supported. One relative told us, "I'm really happy here. I feel like I've always lived here. Everyone [staff] supports my relative on their good and bad days."
- Consideration was given to people's diverse needs. The service had tried to ensure people's protected characteristics, such as religion, gender and sexual orientation, were celebrated and taken into account.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in making decisions about their care. A relative told us, "The staff always talk to my relative whilst doing everything with them." One staff member said, "Most people can make their own decisions. People know us, and we know them. We ask them everything, so you know how they communicate."
- For example, one person had secure storage for their medicines. The service and family had tried to involve the person in this decision, although they later were unable to remember this.
- Staff were consistently aware of the need to involve people. Staff were aware of the saying which had been introduced at the service, 'no decision about me, without me.' One staff member said, "We can't make a decision about someone without their input as well."

Respecting and promoting people's privacy, dignity and independence

- People and relatives all confirmed the staff treated them with dignity. One person said, "They ask me where I want to be supported; in the bedroom or bathroom in private." A relative confirmed, "They always take my relative in the bedroom and keep the door closed."
- A 'Dignity Champion' was in place. They had undertaken events with people and engagement with staff to ensure everyone knew what dignity looked like, what it meant for different people and how to ensure people were treated with dignity.
- All staff we spoke with were able to give us examples of how to help maintain a person's dignity. For example, ensuring doors and curtains are closed, leaving people to use the toilet in private and keeping people covered when being supported with personal care.
- People and relatives also told us they were encouraged to be as independent as possible. One person said, "It's given me my life back. We've been more happy here."
- One staff member said, "You can't take that independence away from people. We prompt [person's name] to do their everyday needs."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care in line with their preferences and staff had an exceptional understanding of people's needs. One person confirmed, "Staff know [my] needs. I have some injuries. Staff know about these injuries."
- People told us the positive impact the service had had on their life. One person said, "I'm more content. I'm not so lonely, I was very lonely [before]" and went on to say, "I feel at home." Another person commented, "It's changed our life since we've been here" and "Only word for them is brilliant."
- People and relatives were consistently positive about the staff that supported them and the care and support plans were reviewed and changed as people's needs change. One relative said, "I feel like they [staff] are my friends. They support me." They explained that changes had been made to their relative's care so it was more appropriate for them; their relative preferred getting up later, so the call time was moved to accommodate this. The relative told us, "They moved my relative's time later as they were never awake."
- When we asked people if there was anything that could be improved about their care, all told us there was nothing to improve upon.
- People told us they felt staff knew their needs. One person confirmed, "They [staff] make sure I am washed properly, they do me thoroughly and dry me." One relative said, "The staff know my relative very well. The staff go out of the way to get to know us as well."
- A visiting social worker believed the reduced need in support from a Community Psychiatric Nurse (CPN) was positive following the support given by the provider and they were 'impressed' by this change.
- Plans were very personalised with details about people's life history, so staff could get to know people. There were also details of what made a good or bad day for people, so staff could help turn a bad day into a better day. Plans contained specific personalised guidance about how people preferred to be supported, and people confirmed they were supported in a way they liked.
- A staff member gave us an example of how they supported a person to improve their day. They said, "[Person's name] needs prompting to wash. They love music and dancing. I'll play [artist] on YouTube [a video sharing app or website] on my phone and then they are happy. They'll eat and have a shower. They are singing and dancing and happy then." This meant staff used innovative ways and technology to encourage people and knew them well enough to know what can help make them happy.
- One person was not always able to verbally communicate effectively. The person's relative said, "It's the talking and communicating [by staff] with my relative all the time so my relative knows what's going on. My relative is aware and it won't surprise them." Staff could describe to us how the person was able to communicate with them and what different facial expressions, body language and noises.
- For another person, it was found that 'doll therapy' worked well for them and staff supported the person with this. Some people respond well to caring for a doll as it may remind them of caring for children earlier in their life. The registered manager said, "We have a person who uses a doll; they love it and they talk to it,

they feel like they have a purpose."

- We asked staff to tell us about the support people needed and information from all staff matched what was in people's care plans. This would have ensured people were supported consistently.
- Staff were all aware of the values of the service, VOICE. This stood for value, open, improve, caring and empowering. One staff member said, "You have to have patience and give person centred care, you've got to care and have compassion." This meant values to improve the service and support people with care were embedded with the staff team to ensure people were well-supported. This was reflected in the feedback from people about staff and their support.
- People were supported with their diverse needs and an open, accepting culture had been developed. For example, staff had a rainbow symbol on emails, which is the international symbol for those who identify as lesbian, gay, bisexual or transgender (LGBT) and had plans to attend a Pride event celebrating being LGBT. This meant people may feel more comfortable discussing their sexuality and staff being more aware of people's diversity.
- Different cultures were also considered; the service had held events celebrating different cultures and trying foods from other countries. This meant people were engaged in learning new things and spending time together.
- Additional training was also being organised for staff called 'Free to be me' to ensure equality principles continued to be embedded with staff and they support they offered to people.
- People were engaged innovatively; the service had carried out fun quizzes and games to entertain people but also to discuss and promote dignity in care. This had been part of a dignity day event. This was to find out what dignity meant to different people, but also to raise awareness of what they should expect.
- Further activities and events were also being planned to engage staff about dignity in care, such as monthly cards focussing on a different area to consider like body language, tone of voice and how this can help people feel they are being treated with dignity.
- A specialist group had been established for those living with dementia, this met weekly with the activity coordinator who worked at the scheme. This was a social group to offer support and activity for people. We were told people looked forward to this each week and staff confirmed it took place.
- The service had made links with the local community to engage with people using the service and make inter-generational connections. One person told us about this enthusiastically, they said, "A nursery comes to visit. We did a teddy bears picnic. They are visiting again." We were also told of visits by local schools and a school play being held.
- Staff told us they were encouraged to make suggestions for events or activities for people, both those receiving care and those not needing care, to partake in.
- People resided in their own apartments however they had the option to access communal areas in the building to spend time with one another and access the activities programme in the scheme. People were supported holistically, and not just in relation to their personal care.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and felt able to. One person told us, "I'd go to any one of the managers." Another person said, "I'd go to the office. Yes, I think they would deal with it." One relative said, "I tell the carers first. I'd go to the manager, but I've not had any complaints. If communication is good both ways, there won't be any problems."
- If a complaint had been received this was investigated and responded to and action put in place to try and avoid a reoccurrence.

End of life care and support

- No one was receiving end of their life care at the time of our inspection. However, the service had previously supported people at the end of their life. A compliment card had been sent by a relative after a

person had passed away, which read, "The attention given was over and above what was expected and this enabled [person's name] to pass away peacefully in their own flat with people around them who they knew."

- There was guidance available for staff about how they can help someone to plan for the end of their life and things to consider, in addition to medical support a person might need, but spiritual, emotional and environmental factors; such as what clothes people would be most comfortable in or the music they liked to listen to.
- An 'End of life' champion had been introduced to lead on this and support people to plan for their end of life care. We saw a previous example of this where someone had told staff 'What's important to me' to ensure they had a personalised death. Staff had been aware of what the person's clothing and appearance meant to the person.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open culture and the service was person-centred. People, relatives and staff all felt positively about the registered manager and the support managers. The registered manager had a commitment to monitoring and improving the service for people and supporting staff.
- Staff consistently felt supported by the registered manager. One staff member told us, "The [registered manager is good, they're very confidential, they're professional. If I had any other problems I'd go straight to the registered manager. I can still go to the seniors as well." Another staff member said, "The manager is good, they're fair. If there are any problems, they'll do their best to sort them. They speak to staff and residents in a friendly way. They are a really good boss."
- Staff were also consistently positive about their job. One staff member said, "I think it's brilliant to work here. It's like a family. We work so good as a team. I'm really happy to work here." Another staff member said, "I enjoy working here. I don't feel frightened to ask anything." Another comment included, "You get so much support from being here. It's a great place to work."
- The registered manager was aware of their responsibilities in relation to duty of candour. Duty of candour is admitting when something has gone wrong, taking action to rectify issues and ensuring an apology is provided to the people affected, in writing. The registered manager explained, "We would notify the local authority and any relatives. It's being open and honest, transparent. Admitting there was an incident and what lessons learned. Going back to them [the person affected], informing them and do it in writing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place to monitor the service to ensure people were receiving a quality service in line with regulations. Staff were clear about their roles within the service.
- Staff felt they worked well as a team. One staff member said, "It's friendly here; we've got a really good team, including the managers." Another staff member said, "We're quite a good team here. We all work well together and support each other."
- Audits took place on care files, daily records such as medication records and notes made by staff. The service was being monitored in line with CQC's regulatory framework to identify areas to improve. An action plan was in place showing improvements had been completed or were in progress. The registered manager had a commitment to the service and for improving and looking at ways of engaging people and supporting staff. Staff were involved in this culture and were supportive of trying to look for ways to improve the service, such as embedding values and closely supporting one another.
- Staff were also aware of the regulatory framework and were aware of the key questions we inspect; safe,

effective, response and well-led. It is beneficial for the team to be aware of this as it can help ensure regulations are met and that people receive the support they need.

- There was an analysis of trends for any incidents that had occurred, such as medicine errors or safeguarding incidents. This meant the registered manager had oversight of these to monitor patterns and identify areas to improve on.
- Staff training was closely monitored, and actions were in place to extend training to external sources and specialist subjects, to ensure continuous learning.
- The registered manager felt supported by the provider. They said, "The director of extra care is involved and knows about the schemes. They're great, they're really approachable. It's a good company to work for." The registered manager went on to tell us about regular organisational meetings to liaise with other registered managers, share learning and discuss company messages.
- The provider also undertook audits to ensure the registered manager and support staff were managing and monitoring the service effectively. The provider also shared a newsletter about quality assurance and sharing learning from across their services.
- The previous CQC inspection rating was being conspicuously displayed both on the provider's website and within the service, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were consistently involved in the service and were able to feedback. A survey had been carried out which had a positive response. A 'you said, we did' poster was then displayed following this feedback. Action was taken as a result of this; for example, notices about what days any managers were, or were not working, were now being displayed to keep people informed.
- People had been involved in the recruitment of some care staff, by getting involved in the interviewing. People had commented very positively about the experience. One person wrote, "I found it enjoyable and uplifting, it's something I have never done before, it made me feel independent and I would love to do it again" Another person wrote, "They put me at my ease and it made me feel like I am worth something." There were plans to engage people in this again this year.
- People were given the opportunity to 'Rate my call' every six months they were asked for feedback about their care calls. The themes covered in this check matched the 'VOICE' values embedded within the service, to ensure people felt they were supported in line with those values. Recent responses to this had all been positive. Regular residents' meetings were also held.
- Staff felt able to contribute to the running of the service and felt able to offer ideas. They told us there were regular team meetings and we saw evidence of these. One staff member said, "Yes we have loads [of meetings], they're quite formal and good. We have good and bad days. When in a meeting it gets us all back together. The communication is really good here." Another staff member said, "They [management] ask our opinions or we have an open discussion [in team meetings]" and went on to say, "The registered manager is always open to ideas."
- Staff were also asked for their feedback through provider-wide surveys and a local quarterly survey. Action was also taken following feedback, for example some staff felt they did not know who managers were, so photos were displayed in the staff room. It is important that staff know who the registered manager and other managers are, so they know who to go to, when necessary.

Continuous learning and improving care

- There was a culture of continuous learning and improving care. The registered manager told us how they liked to support and develop staff. They said, "I have a really good support team. I like to promote and develop people. That gives me greater satisfaction. It's giving them the confidence and the tools." Feedback from staff confirmed this. One staff member said, "When I first stated I lacked confidence. I wouldn't talk to

anyone. This was my first ever job. I was panicking, but now they can't shut me up. I don't know where I'd be if I wasn't working here."

- Staff had their competency checked to ensure they had remembered their training and to help identify any areas for improvement. One staff member confirmed, "We have spot checks. A senior will go into a call to check. I've had a spot check and they fed back. I do think it is useful."
- Staff also felt supported and were able to partake in additional learning and development, over and above the standard training. One staff member said, "Yes I feel supported. I'm shadowing a manager at the moment; I asked the registered manager if I could shadow. I feel like I'm making a difference. I know we like seeing the residents happy." They went on to say, "I love it here. I didn't know what I was doing, I was panicking. I asked them to go through it with me. If you're not confident enough you can ask for more shadowing."
- Learning from previous incidents had been used to improve the service. For example, it had been identified that documentation and guidance relating to medicines that are given 'as and when required' (also known as PRN medicines) was causing confusion for the staff. The provider was reviewing their medication policy and had visited the service to support staff in a workshop about medicines to help them increase their confidence.
- There were regular management forums to ensure learning was cascaded to all services and to share best practice across the provider's services. There was access to an internal website to get up to date information and access resources to embed within their own service.
- The registered manager was open to our feedback following the inspection and was fully engaged in the inspection process, along with the staff members who were willing to engage and discuss the service with the inspector.

Working in partnership with others

- The service worked in partnership with other organisations and health and social care professionals. The service worked with the housing provider to ensure people had holistic support, as well as personal care.
- The service worked closely with the local authority to identify people to move into the service or to review people's needs.
- Individual staff members and the service had been nominated for multiple awards. Staff were being recognised for their hard work and recognised in a national forum as demonstrating best practice within the sector.